

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 176-61654															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</td> <td colspan="2" style="padding: 5px;">In re Application of Phipps et al.</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Application Number 10/576,824</td> <td style="padding: 5px;">Filed 08/31/2006</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For USE OF PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR GAMMA (PPARγ) AND/OR RETINOIC ACID RECEPTOR (RXR) AGONISTS TO INHIBIT PLATELET FUNCTIONS</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Signature: _____</td> <td style="padding: 5px;">Group Art Unit 1617</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Name: _____</td> <td style="padding: 5px;">Examiner Sahar Javanmard</td> </tr> </table>			CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.	In re Application of Phipps et al.		Application Number 10/576,824		Filed 08/31/2006	For USE OF PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR GAMMA (PPAR γ) AND/OR RETINOIC ACID RECEPTOR (RXR) AGONISTS TO INHIBIT PLATELET FUNCTIONS			Signature: _____		Group Art Unit 1617	Name: _____		Examiner Sahar Javanmard
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Signature: _____		Group Art Unit 1617															
Name: _____		Examiner Sahar Javanmard															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>																	
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;"><input type="checkbox"/></td> <td style="width: 60%; padding: 2px;">One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="width: 25%; padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/></td> <td style="padding: 2px;">Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)</td> <td style="padding: 2px;">\$ 555 _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)</td> <td style="padding: 2px;">\$ _____</td> </tr> </table>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ 555 _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____
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<p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p>																	
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																	
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>																	
<p><u>/Edwin V. Merkel/</u> Signature</p> <p><u>Edwin V. Merkel</u> Typed or printed name</p>		<p><u>November 26, 2008</u> Date</p> <p><u>(585) 263-1128</u> Telephone Number</p>															
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>																	
<p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>																	